

Sunnyvale Parks & Recreation Department

Special Permit Request For Facilities

Individual and/or Organization: _____

Site / Exact Location(attach map): _____

Dates (Days & Times): _____

Description:

Please be as precise and clear as possible. You are encouraged to attach pictures and/or drawings. Please include approximate equipment dimensions if applicable.

*In submitting and signing this form, I certify I have read, understand and will abide by the facility rules and regulations set forth. I certify that the use detailed on the enclosed permit is in compliance with the City's rules and regulations and certificates of insurance requirements and is subject to approval by the Director of Parks and Recreation or the assigned representative. Applicant/Permit Holder hereby agrees to indemnify, defend and hold harmless the City of Sunnyvale, City Council, Boards and Commissions, and individual members thereof, and all officers, agents, and employees, from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of, resulting from or in any manner related to the use and occupancy of said facility, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. I, the undersigned, or the company I represent, will be responsible for any damages sustained to the facility. I agree that the reservation is granted with the understanding that the city may cancel when the facility is needed for City programs. **Full payment must be given 14 days prior to the reservation date. Failure to submit payments by the designated date will result in loss of the contract, and the room/area will be released. It is my responsibility to notify the City of any cancellations or revisions on my part within 14 days prior to the reservation date. Failure to do so will result in my fees being withheld.***

Permit Holder Signature_____Date_____

Recreation Staff Signature_____Date_____

Parks Staff Signature_____Date_____